



2013 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2013

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 04/29/2013
Business ID: 232568
William M. Gardner
Secretary of State

CMAB Associates II, L.L.C.

PO Box 974

Salem, NH 03079

ADDRESS OF PRINCIPAL OFFICE:

PO BOX 974

SALEM, NH 03079

REGISTERED AGENT AND OFFICE:

Stebbins, Henry B, Esq

66 Hanover Street S301

Manchester, NH 03101

ENTITY TYPE: LLC
BUSINESS ID: 232568
STATE OF DOMICILE: NEW HAMPSHIRE

REAL ESTATE

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

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The new mailing address

☐

The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

A

NAME Carl Berni
STREET P.O. Box 974
CITY/STATE/ZIP Salem, NH 03079
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

B

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

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Sign here:

Please print name and title of signer:

NAME

TITLE

FEE DUE: \$100.00

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